

APPLICATION

FOR

FLUIDIZED BED COMBUSTION TECHNOLOGY
TAX EXEMPTION CERTIFICATE

FOR OFFICIAL USE ONLY

Name of Business					Telephone (Include Area Code)
	Enter exact name of business, governmental unit or institution				
Location of Facility					
	Number and Street	City or Town	Country	State	ZIP Code
Mailing Address					
	P.O. Box or Number and Street	City or Town	Country	State	ZIP Code
Nature of Business					

- Plans must be submitted to the Revenue Cabinet with this application. Should the plans not be available at this time, indicate the approximate date the plans will be submitted. _____
- A listing of equipment and materials for the facility must be included with this application. Should the listing not be available at this time, indicate the approximate date the listing will be available. _____
- Is the facility for which this application is made presently in existence? ☐ Yes ☐ No
- Estimated or actual capitalized cost of construction (as determined by the IRS) of the facility _____
- Estimated market value of the facility for which application is made _____
- Expected completion date _____

The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application.

Person Authorized to Sign _____
(Please print)

Signature _____

Title _____ Date _____

Return completed application to Revenue Cabinet, Frankfort, Kentucky 40620.